



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2008
OF THE CONDITION AND AFFAIRS OF THE
Aetna Health Inc. (a Michigan corporation)

NAIC Group Code 0001 0001 NAIC Company Code 95756 Employer's ID Number 23-2861565
(Current Period) (Prior Period)
Organized under the Laws of Michigan State of Domicile or Port of Entry Michigan
Country of Domicile United States
Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO Federally Qualified? Yes [] No [X]
Incorporated/Organized September 10, 1996 Commenced Business April 1, 1998
Statutory Home Office 28588 Northwestern Highway Southfield MI..... 48034
(Street and Number) (City, State and Zip Code)
Main Administrative Office 28588 Northwestern Highway
(Street and Number)
..... Southfield .. MI .. 48034 248-357-7766
(City, State and Zip Code) (Area Code) (Telephone Number)
Mail Address 28588 Northwestern Highway Southfield MI..... 48034
(Street and Number or P. O. Box) (City, State and Zip Code)
Primary Location of Books and Records 980 Jolly Road
(Street and Number)
..... Blue Bell PA 19422-1904 800-872-3862
(City, State and Zip Code) (Area Code) (Telephone Number)
Internet Website Address www.aetna.com
Statutory Statement Contact Alicia Helene Bolton 215-775-6508
(Name) (Area Code) (Telephone Number) (Extension)
..... Aetna.HMOReporting@aetna.com 215-775-6790
(E-mail Address) (Fax Number)

OFFICERS

Allan Ira Greenberg, President	OTHER	Burton Fred Vanderlaan, M.D., Senior Medical Director
Edward Chung-I Lee, Vice President and Secretary		Elaine Rose Cofrancesco, Treasurer
Alicia Helene Bolton, Principal Financial Officer and Controller		Gregory Stephen Martino, Vice President
		Kevin James Casey, Senior Investment Officer
		David William Braun, Assistant Controller

DIRECTORS OR TRUSTEES
Gregory Stephen Martino

Allan Ira Greenberg

Burton Fred Vanderlaan, M.D.

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)
Allan Ira Greenberg
President

State of..... Illinois
County of..... Cook
Subscribed and sworn to before me this
day of 2009

NOTARY PUBLIC (Seal)

(Signature)
Edward Chung-I Lee
Vice President and Secretary@

State of..... Connecticut
County of.... Hartford
@Subscribed and sworn to before me this
day of 2009

NOTARY PUBLIC (Seal)

(Signature)
Alicia Helene Bolton
Principal Financial Officer and Controller@@

State of..... Pennsylvania
County of.... Montgomery
@@Subscribed and sworn to before me this
day of February 2009

NOTARY PUBLIC (Seal)

- a. Is this an original filing? Yes [X] No []
b. If no: 1. State the amendment number...
2. Date filed
3. Number of pages attached

Ex. 2
NONE

Ex. 3
NONE

Statement as of December 31, 2008 of the Aetna Health Inc. (a Michigan corporation)

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
Aging estimated based on claims in process of adjudication as of 12/31/08.....	0	0	0	0	0	0
0199999. Individually listed claims unpaid.....	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed - uncovered.....	0	0	0	0	412	412
0399999. Aggregate accounts not individually listed - covered.....	0	0	0	0	279	279
0499999. Subtotals.....	0	0	0	0	691	691
0599999. Unreported claim and other claim reserves.....						7,709
0799999. Total claims unpaid.....						8,400

Statement as of December 31, 2008 of the Aetna Health Inc. (a Michigan corporation)

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current

NONE

Statement as of December 31, 2008 of the **Aetna Health Inc. (a Michigan corporation)**

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Aetna Health Management, LLC.....	See Notes to Financial Statements.....	.....131,883	.....131,883	.....0
0199999. Individually listed payables.....		.....131,883	.....131,883	.....0
0399999. Total gross payables.....		.....131,883	.....131,883	.....0

Statement as of December 31, 2008 of the Aetna Health Inc. (a Michigan corporation)

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
	Direct	Column 1	Total	Column 3	Column 1	Column 1
Payment Method	Medical	as a %	Members	as a %	Expenses Paid	Expenses Paid
	Expense	of Total Payment	Covered	of Total Members	to Affiliated	to Non-Affiliated
	Payment				Providers	Providers
Capitation Payments:						
1. Medical groups.....	.....0	.....0.0	.....0	.....0.0	.....0	.....0
2. Intermediaries.....	.....0	.....0.0	.....0	.....0.0	.....0	.....0
3. All other providers.....	.....0	.....0.0	.....0	.....0.0	.....0	.....0
4. Total capitation payments.....	.....0	.....0.0	.....0	.....0.0	.....0	.....0
Other Payments:						
5. Fee-for-service.....	.....222,777	.....97.3	.....XXX	.....XXX	.....0	.....222,777
6. Contractual fee payments.....	.....6,267	.....2.7	.....XXX	.....XXX	.....0	.....6,267
7. Bonus/withhold arrangements - fee-for-service.....	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
8. Bonus/withhold arrangements - contractual fee payments.....	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
9. Non-contingent salaries.....	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
10. Aggregate cost arrangements.....	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
11. All other payments.....	.....0	.....0.0	.....XXX	.....XXX	.....0	.....0
12. Total other payments.....	.....229,044	.....100.0	.....XXX	.....XXX	.....0	.....229,044
13. Total (Line 4 plus Line 12).....	.....229,044	.....100.0	.....XXX	.....XXX	.....0	.....229,044

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC	Name of	Capitation	Average	Intermediary's	Intermediary's
Code	Intermediary	Paid	Monthly	Total Adjusted	Authorized Control
			Capitation	Capital	Level RBC

NONE

Statement as of December 31, 2008 of the **Aetna Health Inc. (a Michigan corporation)**

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment.....	.....0	.....0	.....0	.....0	.....0	.....0
2. Medical furniture, equipment and fixtures.....	.....0	.....0	.....0	.....0	.....0	.....0
3. Pharmaceuticals and surgical supplies.....	.....0	.....0	.....0	.....0	.....0	.....0
4. Durable medical equipment.....	.....0	.....0	.....0	.....0	.....0	.....0
5. Other property and equipment.....	.....0	.....0	.....0	.....0	.....0	.....0
6. Total.....	.....0	.....0	.....0	.....0	.....0	.....0

NONE



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Aetna Health Inc. (a Michigan corporation) 2. Grand Total

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....0001

NAIC Company Code.....95756

29.GT

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2	3							
		Individual	Group							
Total Members at end of:										
1. Prior year.....	768	6	762	0	0	0	0	0	0	0
2. First quarter.....	1	0	1	0	0	0	0	0	0	0
3. Second quarter.....	0	0	0	0	0	0	0	0	0	0
4. Third quarter.....	0	0	0	0	0	0	0	0	0	0
5. Current year.....	0	0	0	0	0	0	0	0	0	0
6. Current year member months.....	3	0	3	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0	0	0	0	0	0	0	0	0	0
8. Non-physician.....	0	0	0	0	0	0	0	0	0	0
9. Totals.....	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0	0	0	0	0	0	0	0	0	0
11. Number of inpatient admissions.....	0	0	0	0	0	0	0	0	0	0
12. Health premiums written (b).....	(19,898)	0	(19,898)	0	0	0	0	0	0	0
13. Life premiums direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written.....	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned.....	(19,898)	0	(19,898)	0	0	0	0	0	0	0
16. Property/casualty premiums earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services.....	229,044	0	229,044	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services.....	(83,770)	0	(83,770)	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Aetna Health Inc. (a Michigan corporation) 2. Michigan

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR (Location)

NAIC Group Code.....0001

NAIC Company Code.....95756

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2	3							
		Individual	Group							
Total Members at end of:										
1. Prior year.....	768	6	762	0	0	0	0	0	0	0
2. First quarter.....	1	0	1	0	0	0	0	0	0	0
3. Second quarter.....	0	0	0	0	0	0	0	0	0	0
4. Third quarter.....	0	0	0	0	0	0	0	0	0	0
5. Current year.....	0	0	0	0	0	0	0	0	0	0
6. Current year member months.....	3	0	3	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician.....	0	0	0	0	0	0	0	0	0	0
8. Non-physician.....	0	0	0	0	0	0	0	0	0	0
9. Totals.....	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred.....	0	0	0	0	0	0	0	0	0	0
11. Number of inpatient admissions.....	0	0	0	0	0	0	0	0	0	0
12. Health premiums written (b).....	(19,898)	0	(19,898)	0	0	0	0	0	0	0
13. Life premiums direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/casualty premiums written.....	0	0	0	0	0	0	0	0	0	0
15. Health premiums earned.....	(19,898)	0	(19,898)	0	0	0	0	0	0	0
16. Property/casualty premiums earned.....	0	0	0	0	0	0	0	0	0	0
17. Amount paid for provision of health care services.....	229,044	0	229,044	0	0	0	0	0	0	0
18. Amount incurred for provision of health care services.....	(83,770)	0	(83,770)	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0

Sch. S-Pt. 1-Sn. 2
NONE

Sch. S-Pt. 2
NONE

Sch. S-Pt. 3-Sn. 2
NONE

Sch. S-Pt. 4
NONE

Statement as of December 31, 2008 of the **Aetna Health Inc. (a Michigan corporation)**
SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2008	2 2007	3 2006	4 2005	5 2004
A. OPERATIONS ITEMS					
1. Premiums.....	0	9	15	22	27
2. Title XVIII - Medicare.....	0	0	0	0	0
3. Title XIX - Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	0	0	0	38	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	38	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O).....	0	0	0	0	0

Statement as of December 31, 2008 of the Aetna Health Inc. (a Michigan corporation)

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10).....	3,819,309	0	3,819,309
2. Accident and health premiums due and unpaid (Line 13).....	0	0	0
3. Amounts recoverable from reinsurers (Line 14.1).....	0	0	0
4. Net credit for ceded reinsurance.....	.XXX	0	0
5. All other admitted assets (balance).....	31,539	0	31,539
6. Totals assets (Line 26).....	3,850,848	0	3,850,848
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	8,400	0	8,400
8. Accrued medical incentive pool and bonus payments (Line 2).....	0	0	0
9. Premiums received in advance (Line 8).....	0	0	0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0	0	0
11. Reinsurance in unauthorized companies (Line 18).....	0	0	0
12. All other liabilities (balance).....	180,648	0	180,648
13. Total liabilities (Line 22).....	189,048	0	189,048
14. Total capital and surplus (Line 31).....	3,661,800	.XXX	3,661,800
15. Total liabilities, capital and surplus (Line 32).....	3,850,848	0	3,850,848
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance.....	0		
19. Reinsurance recoverable on paid losses.....	0		
20. Other ceded reinsurance recoverables.....	0		
21. Total ceded reinsurance recoverables.....	0		
22. Premiums receivable.....	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers.....	0		
24. Unauthorized reinsurance.....	0		
25. Other ceded reinsurance payables/offsets.....	0		
26. Total ceded reinsurance payables/offsets.....	0		
27. Total net credit for ceded reinsurance.....	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only			
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)
States, Etc.			5 Deposit-Type Contracts	6 Totals		
1.	Alabama.....	AL.....	0	0	0	0
2.	Alaska.....	AK.....	0	0	0	0
3.	Arizona.....	AZ.....	0	0	0	0
4.	Arkansas.....	AR.....	0	0	0	0
5.	California.....	CA.....	0	0	0	0
6.	Colorado.....	CO.....	0	0	0	0
7.	Connecticut.....	CT.....	0	0	0	0
8.	Delaware.....	DE.....	0	0	0	0
9.	District of Columbia.....	DC.....	0	0	0	0
10.	Florida.....	FL.....	0	0	0	0
11.	Georgia.....	GA.....	0	0	0	0
12.	Hawaii.....	HI.....	0	0	0	0
13.	Idaho.....	ID.....	0	0	0	0
14.	Illinois.....	IL.....	0	0	0	0
15.	Indiana.....	IN.....	0	0	0	0
16.	Iowa.....	IA.....	0	0	0	0
17.	Kansas.....	KS.....	0	0	0	0
18.	Kentucky.....	KY.....	0	0	0	0
19.	Louisiana.....	LA.....	0	0	0	0
20.	Maine.....	ME.....	0	0	0	0
21.	Maryland.....	MD.....	0	0	0	0
22.	Massachusetts.....	MA.....	0	0	0	0
23.	Michigan.....	MI.....	0	0	0	0
24.	Minnesota.....	MN.....	0	0	0	0
25.	Mississippi.....	MS.....	0	0	0	0
26.	Missouri.....	MO.....	0	0	0	0
27.	Montana.....	MT.....	0	0	0	0
28.	Nebraska.....	NE.....	0	0	0	0
29.	Nevada.....	NV.....	0	0	0	0
30.	New Hampshire.....	NH.....	0	0	0	0
31.	New Jersey.....	NJ.....	0	0	0	0
32.	New Mexico.....	NM.....	0	0	0	0
33.	New York.....	NY.....	0	0	0	0
34.	North Carolina.....	NC.....	0	0	0	0
35.	North Dakota.....	ND.....	0	0	0	0
36.	Ohio.....	OH.....	0	0	0	0
37.	Oklahoma.....	OK.....	0	0	0	0
38.	Oregon.....	OR.....	0	0	0	0
39.	Pennsylvania.....	PA.....	0	0	0	0
40.	Rhode Island.....	RI.....	0	0	0	0
41.	South Carolina.....	SC.....	0	0	0	0
42.	South Dakota.....	SD.....	0	0	0	0
43.	Tennessee.....	TN.....	0	0	0	0
44.	Texas.....	TX.....	0	0	0	0
45.	Utah.....	UT.....	0	0	0	0
46.	Vermont.....	VT.....	0	0	0	0
47.	Virginia.....	VA.....	0	0	0	0
48.	Washington.....	WA.....	0	0	0	0
49.	West Virginia.....	WV.....	0	0	0	0
50.	Wisconsin.....	WI.....	0	0	0	0
51.	Wyoming.....	WY.....	0	0	0	0
52.	American Samoa.....	AS.....	0	0	0	0
53.	Guam.....	GU.....	0	0	0	0
54.	Puerto Rico.....	PR.....	0	0	0	0
55.	US Virgin Islands.....	VI.....	0	0	0	0
56.	Northern Mariana Islands.....	MP.....	0	0	0	0
57.	Canada.....	CN.....	0	0	0	0
58.	Aggregate Other Alien.....	OT.....	0	0	0	0
59.	Totals.....		0	0	0	0

NONE

Statement as of December 31, 2008 of the Aetna Health Inc. (a Michigan corporation)

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
0	23-2229683	Aetna Inc.	738,300,000	(279,600,000)	0	0	539,297,202	0		0	997,997,202	0
72052	23-2710210	Aetna Health Insurance Company	(40,900,000)	0	0	0	(38,125,432)	3,263,739		0	(75,761,693)	(4,345,239)
78700	06-0876836	Aetna Health and Life Insurance Company	(20,902,191)	(30,000,000)	(8,372,863)	0	11,845,969	27,456,533		0	(19,972,552)	(1,377,356,278)
84450	57-0805126	Aetna Health Insurance Company of New York	0	0	0	0	(285,544)	0		0	(285,544)	0
0		Aetna Risk Indemnity Company Limited	0	0	0	0	0	(2,971,956)		0	(2,971,956)	(18,413,732)
0		Aetna Life & Casualty Bermuda Limited	0	0	0	0	(10,490,694)	0		0	(10,490,694)	0
0	20-0446713	Aetna Behavioral Health, LLC	0	0	0	0	(5,174,443)	0		0	(5,174,443)	0
0		Aetna Partners Diversified Fund (Cayman), Limited	(3,863,089)	0	23,334,145	0	0	0		0	19,471,056	0
60054	06-6033492	Aetna Life Insurance Company	(654,446,143)	274,163,199	(104,382,114)	1,000	(914,212,437)	(26,990,676)		0	(1,425,867,171)	1,377,356,278
0	06-1270755	AHP Holdings, Inc.	(191,000)	0	0	0	3,074,785	0		0	2,883,785	0
36153	06-1286276	Aetna Insurance Company of Connecticut	0	0	0	0	(381,123)	2,971,956		0	2,590,833	18,413,732
0	20-3132609	Aetna Behavioral Health of Delaware, LLC	0	0	0	0	10,649,326	0		0	10,649,326	0
0		Schaller Anderson of Arizona, LLC	0	0	0	0	531,065	0		0	531,065	0
0		Canal Place, LLC	(600,000)	0	0	0	0	0		0	(600,000)	0
13174	26-2867560	Aetna Better Health, Inc.	0	0	0	(1,000)	(398,244)	0		0	(399,244)	0
0	38-3704481	Aetna Capital Management, LLC	0	0	0	0	2,209,020	0		0	2,209,020	0
0	81-0579372	Aetna Partners Diversified Fund, LLC	(14,566,611)	30,000,000	89,420,832	0	0	0		0	104,854,221	0
0	20-3678339	PE Holdings, LLC	0	1,000,000	0	0	0	0		0	1,000,000	0
0	20-3180700	Aetna Ventures, LLC	(2,830,966)	4,436,801	0	0	0	0		0	1,605,835	0
0		Schaller Anderson, Incorporated	0	(487,434)	0	0	0	0		0	(487,434)	0
0		Schaller Anderson of Missouri, LLC	0	0	0	0	13,518,724	0		0	13,518,724	0
12913	20-5862801	Missouri Care, Incorporated	0	487,434	0	0	(14,730,125)	0		0	(14,242,691)	0
0	30-0123754	Aetna Health Holdings, LLC	830,464,000	0	0	0	0	0		0	830,464,000	0
95003	06-1345436	Aetna Health Inc. (AZ)	(30,500,000)	0	0	0	(42,326,108)	(313,645)		0	(73,139,753)	0
0	95-3402799	Aetna Health of California Inc.	(45,000,000)	0	0	0	(145,401,948)	(50,000)		0	(190,451,948)	0
95256	84-1312793	Aetna Health Inc. (CO)	(2,000,000)	0	0	0	(13,341,363)	497,229		0	(14,844,134)	0
95935	23-2442048	Aetna Health Inc. (CT)	(9,800,000)	0	0	0	(15,463,975)	0		0	(25,263,975)	0
95245	23-2470575	Aetna Health Inc. (DE)	(4,200,000)	0	0	0	(2,474,923)	0		0	(6,674,923)	0
95088	59-2411584	Aetna Health Inc. (FL)	(157,100,000)	0	0	0	(204,370,280)	458,341		0	(361,011,939)	0
95094	58-1649568	Aetna Health Inc. (GA)	(17,100,000)	0	0	0	(36,836,685)	0		0	(53,936,685)	0
95397	06-1055955	Aetna Health of Illinois Inc.	(12,800,000)	0	0	0	(14,614,138)	18,813		0	(27,395,325)	0
95590	52-1353802	Aetna Health Inc. (MD)	(81,900,000)	0	0	0	(72,695,351)	109,636		0	(154,485,715)	0
95756	23-2861565	Aetna Health Inc. (MI)	(1,500,000)	0	0	0	(58,696)	0		0	(1,558,696)	0
95810	23-2861568	Aetna Health Inc. (MO)	(4,400,000)	0	0	0	(3,794,878)	0		0	(8,194,878)	0
95287	52-1270921	Aetna Health Inc. (NJ)	(132,900,000)	0	0	0	(176,459,437)	(6,989,743)		0	(316,349,180)	4,345,239
95234	22-2663623	Aetna Health Inc. (NY)	(48,400,000)	0	0	0	(74,833,669)	0		0	(123,233,669)	0
95343	56-1941613	Aetna Health of the Carolinas Inc.	0	0	0	0	(2,935,921)	(102,212)		0	(3,038,133)	0
95757	23-2861563	Aetna Health Inc. (OK)	(14,500,000)	0	0	0	(14,713,425)	169		0	(29,213,256)	0
95109	23-2169745	Aetna Health Inc. (PA)	(145,300,000)	0	0	0	(214,164,969)	940,047		0	(358,524,922)	0
95006	62-1327181	Aetna Health Inc. (TN)	(4,000,000)	0	0	0	(12,292,091)	0		0	(16,292,091)	0
95490	76-0189680	Aetna Health Inc. (TX)	(117,400,000)	0	0	0	(63,313,012)	1,514,901		0	(179,198,111)	0
0	22-3187443	NYLCare Health Plans, Inc.	58,236,000	0	0	0	0	0		0	58,236,000	0
95517	01-0504252	Aetna Health Inc. (ME)	(18,400,000)	0	0	0	(13,689,502)	232,111		0	(31,857,391)	0
47060	91-1662406	Aetna Health Inc. (WA)	(3,800,000)	0	0	0	426,893	0		0	(3,373,107)	0
0	06-1160812	Aetna Dental of California Inc.	(15,000,000)	0	0	0	(14,217,724)	0		0	(29,217,724)	0
11183	22-2990909	Aetna Dental Inc. (NJ)	0	0	0	0	(1,590,812)	0		0	(1,590,812)	0
95910	06-1177531	Aetna Dental Inc. (TX)	(22,700,000)	0	0	0	(12,252,495)	(45,243)		0	(34,997,738)	0
0	13-3670795	Aetna Health Management, LLC	0	0	0	0	1,146,169,371	0		0	1,146,169,371	0

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
0.....	30-0123760.....	Aetna RX Home Delivery, LLC.....	.....0	.....0	.....0	.....0	.....240,011,916	.....0	.....	.....0	.....240,011,916	.....0
12328.....	20-2207534.....	Aetna Family Plans of Georgia Inc.....	.....0	.....0	.....0	.....0	.....(14,321)	.....0	.....	.....0	.....(14,321)	.....0
0.....	57-0640344.....	Strategic Resource Company.....	.....0	.....0	.....0	.....0	.....72,968,575	.....0	.....	.....0	.....72,968,575	.....0
0.....	04-3134551.....	Chickering Claims Administrators, Inc.....	.....0	.....0	.....0	.....0	.....24,777,323	.....0	.....	.....0	.....24,777,323	.....0
0.....	04-2708160.....	Chickering Benefit Planning Insurance Agency, Inc.....	.....0	.....0	.....0	.....0	.....21,566,796	.....0	.....	.....0	.....21,566,796	.....0
0.....		Aetna Specialty Pharmacy, LLC.....	.....0	.....0	.....0	.....0	.....48,606,800	.....0	.....	.....0	.....48,606,800	.....0
9999999.	Control Totals.....		.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	.....0	.....0

Statement as of December 31, 2008 of the Aetna Health Inc. (a Michigan corporation)

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.











MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING		
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
9.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
10.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
11.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING		
16.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
17.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
18.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO

EXPLANATIONS:

BAR CODE:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	 * 9 5 7 5 6 2 0 0 8 3 6 0 0 0 0 0 0 *
10.	 * 9 5 7 5 6 2 0 0 8 2 0 5 0 0 0 0 0 *
11.	 * 9 5 7 5 6 2 0 0 8 2 0 7 0 0 0 0 0 *
12.	 * 9 5 7 5 6 2 0 0 8 4 2 0 0 0 0 0 0 *
13.	 * 9 5 7 5 6 2 0 0 8 3 7 1 0 0 0 0 0 *
14.	 * 9 5 7 5 6 2 0 0 8 3 7 0 0 0 0 0 0 *
15.	 * 9 5 7 5 6 2 0 0 8 3 6 5 0 0 0 0 0 *
16.	 * 9 5 7 5 6 2 0 0 8 3 3 0 0 0 0 0 0 *
17.	 * 9 5 7 5 6 2 0 0 8 2 1 1 0 0 0 0 0 *
18.	 * 9 5 7 5 6 2 0 0 8 2 1 3 0 0 0 0 0 *

Overflow Page
NONE

Overflow Page
NONE



PROPERTY/CASUALTY SUPPLEMENTS

NONE

TO BE FILED ON OR BEFORE MARCH 1

For the Year Ended December 31, 2008

Of the.....Aetna Health Inc. (a Michigan corporation)

ADDRESSSouthfield MI 48034

NAIC Group Code.....0001

NAIC Company Code.....95756

Employer's ID Number.....23-2861565

Sch. F-Pt. 1

NONE

Sch. F-Pt. 3

NONE

Sch. P-Pt. 1-Summary

NONE

Sch. P-Pt. 1A

NONE

Sch. P-Pt. 1B

NONE

Sch. P-Pt. 1C

NONE

Sch. P-Pt. 1D

NONE

Sch. P-Pt. 1E

NONE

Sch. P-Pt. 1F-Sn. 1

NONE

Sch. P-Pt. 1F-Sn. 2

NONE

Sch. P-Pt. 1G

NONE

Sch. P-Pt. 1H-Sn. 1

NONE

Sch. P-Pt. 1H-Sn. 2

NONE

Sch. P-Pt. 1I

NONE

Sch. P-Pt. 1J

NONE

Sch. P-Pt. 1K

NONE

Sch. P-Pt. 1L

NONE

Sch. P-Pt. 1M

NONE

Sch. P-Pt. 1N

NONE

Sch. P-Pt. 1O

NONE

Sch. P-Pt. 1P
NONE

Sch. P-Pt. 1R-Sn. 1
NONE

Sch. P-Pt. 1R-Sn. 2
NONE

Sch. P-Pt. 1S
NONE

Sch. P-Pt. 1T
NONE

Sch. P-Pt. 2-Summary
NONE

Sch. P-Pt. 2A
NONE

Sch. P-Pt. 2B
NONE

Sch. P-Pt. 2C
NONE

Sch. P-Pt. 2D
NONE

Sch. P-Pt. 2E
NONE

Sch. P-Pt. 2F-Sn. 1
NONE

Sch. P-Pt. 2F-Sn. 2
NONE

Sch. P-Pt. 2G
NONE

Sch. P-Pt. 2H-Sn. 1
NONE

Sch. P-Pt. 2H-Sn. 2
NONE

Sch. P-Pt. 2I
NONE

Sch. P-Pt. 2J
NONE

Sch. P-Pt. 2K
NONE

Sch. P-Pt. 2L
NONE

Sch. P-Pt. 2M
NONE

Sch. P-Pt. 2N
NONE

Sch. P-Pt. 2O
NONE

Sch. P-Pt. 2P
NONE

Sch. P-Pt. 2R-Sn. 1
NONE

Sch. P-Pt. 2R-Sn. 2
NONE

Sch. P-Pt. 2S
NONE

Sch. P-Pt. 2T
NONE

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14 Data)



NAIC Group Code.....0001 NAIC Company Code....95756

BUSINESS IN GRAND TOTAL DURING THE YEAR

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Commercial multiple peril (non-liability portion).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Commercial multiple peril (liability portion).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Mortgage guaranty.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Financial guaranty.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical malpractice.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Group accident and health (b).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit A & H (group and individual).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable A&H (b).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable A & H (b).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable A & H (b).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other A & H (b).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits program premium (b).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.1 Other liability.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.3 Excess workers' compensation.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1 Private passenger auto no-fault (personal injury protection).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.2 Other private passenger auto liability.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.3 Commercial auto no-fault (personal injury protection).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4 Other commercial auto liability.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.1 Private passenger auto physical damage.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.2 Commercial auto physical damage.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
22. Aircraft (all perils).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Boiler and machinery.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. Warranty.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. Aggregate write-ins for other lines of business.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

DETAILS OF WRITE-INS

3401. ....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3402. ....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3403. ....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3498. Summary of remaining write-ins for Line 34 from overflow page...	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499. TOTALS (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Finance and service charges not included in Lines 1 to 35 \$.0.
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

PS33.GT

PS34

NONE

2008 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK

Exhibit of Nonadmitted Assets	16	Schedule DA – Part 1	E17
Analysis of Operations By Lines of Business	7	Schedule DA –Verification Between Years	SI11
Assets	2	Schedule DB – Part A – Section 1	E18
Cash Flow	6	Schedule DB – Part A – Section 2	E18
Exhibit 1 – Enrollment By Product Type for Health Business Only	17	Schedule DB – Part A – Section 3	E19
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18	Schedule DB – Part A – Verification Between Years	SI12
Exhibit 3 – Health Care Receivables	19	Schedule DB – Part B – Section 1	E19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20	Schedule DB – Part B – Section 2	E20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21	Schedule DB – Part B – Section 3	E20
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22	Schedule DB – Part B – Verification Between Years	SI12
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23	Schedule DB – Part C – Section 1	E21
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23	Schedule DB – Part C – Section 2	E21
Exhibit 8 – Furniture, Equipment and Supplies Owned	24	Schedule DB – Part C – Section 3	E22
Exhibit of Capital Gains (Losses)	15	Schedule DB – Part C – Verification Between Years	SI13
Exhibit of Net Investment Income	15	Schedule DB – Part D – Section 1	E22
Exhibit of Premiums, Enrollment and Utilization (State Page)	29	Schedule DB – Part D – Section 2	E23
Five-Year Historical Data	28	Schedule DB – Part D – Section 3	E23
General Interrogatories	26	Schedule DB – Part D – Verification Between Years	SI13
Jurat Page	1	Schedule DB – Part E – Section 1	E24
Liabilities, Capital and Surplus	3	Schedule DB – Part E – Verification	SI13
Notes To Financial Statements	25	Schedule DB – Part F – Section 1	SI14
Overflow Page For Write-ins	41	Schedule DB – Part F – Section 2	SI15
Schedule A – Part 1	E01	Schedule E – Part 1 – Cash	E25
Schedule A – Part 2	E02	Schedule E – Part 2 – Cash Equivalents	E26
Schedule A – Part 3	E03	Schedule E – Part 3 – Special Deposits	E27
Schedule A – Verification Between Years	SI02	Schedule E – Verification Between Years	SI16
Schedule B – Part 1	E04	Schedule S – Part 1 – Section 2	30
Schedule B – Part 2	E05	Schedule S – Part 2	31
Schedule B – Part 3	E06	Schedule S – Part 3 – Section 2	32
Schedule B – Verification Between Years	SI02	Schedule S – Part 4	33
Schedule BA – Part 1	E07	Schedule S – Part 5	34
Schedule BA – Part 2	E08	Schedule S – Part 6	35
Schedule BA – Part 3	E09	Schedule T – Part 2 – Interstate Compact	37
Schedule BA – Verification Between Years	SI03	Schedule T – Premiums and Other Considerations	36
Schedule D – Part 1	E10	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule D – Part 1A – Section 1	SI05	Schedule Y - Part 2 – Summary of Insurer’s Transactions With Any Affiliates	39
Schedule D – Part 1A – Section 2	SI08	Statement of Revenue and Expenses	4
Schedule D – Part 2 – Section 1	E11	Summary Investment Schedule	SI01
Schedule D – Part 2 – Section 2	E12	Supplemental Exhibits and Schedules Interrogatories	40
Schedule D – Part 3	E13	Underwriting and Investment Exhibit – Part 1	8
Schedule D – Part 4	E14	Underwriting and Investment Exhibit – Part 2	9
Schedule D – Part 5	E15	Underwriting and Investment Exhibit – Part 2A	10
Schedule D – Part 6 – Section 1	E16	Underwriting and Investment Exhibit – Part 2B	11
Schedule D – Part 6 – Section 2	E16	Underwriting and Investment Exhibit – Part 2C	12
Schedule D – Summary By Country	SI04	Underwriting and Investment Exhibit – Part 2D	13
Schedule D – Verification Between Years	SI03	Underwriting and Investment Exhibit – Part 3	14